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SERIAL NUMBER 10/736,180	FILING DATE 12/15/2003  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 2081 CON 2 CIP CON
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *yes - RDS*

This application is a CON of 10/113,745 04/01/2002 PAT 6,726,686  
 which is a CIP of 10/090,081 03/01/2002 PAT 6,743,229  
 which is a CON of 09/502,933 02/11/2000 PAT 6,352,536  
 which is a CON of 08/968,779 11/12/1997 PAT 6,187,003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none - RDS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Ray W. Gibson</i> Examiner's Signature Initials	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 5
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ADDRESS  
 50855  
 UNITED STATES SURGICAL,  
 A DIVISION OF TYCO HEALTHCARE GROUP LLP  
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 NORWALK, CT  
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TITLE  
 Bipolar electrosurgical instrument for sealing vessels

☐ All Fees

<p>FILING FEE RECEIVED 1072</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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